

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155564	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 04/11/2013
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 259 W HARRISON ST MOORESVILLE, IN 46158
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/11/13</p> <p>Facility Number: 000398 Provider Number: 155564 AIM Number: 100291110</p> <p>Surveyor: Mark Caraher, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (222) construction and fully sprinklered except for the exterior canopy at the north exit by Room 11. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors. The facility has battery</p>	K010000	The Mooresville facility respectfully requests paper compliance. Please accept the following plan of correction for K-Tag 018, K-Tag 021, K-Tag 025, K-Tag 045, K-Tag 050, K-Tag 056, K-Tag 144, and K-Tag 147 as our credible allegation of compliance.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>operated smoke detectors in 49 of 49 resident sleeping rooms. The facility has a capacity of 98 and had a census of 73 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered except for the exterior canopy at the north exit by Room 11. All areas providing facility services were sprinklered.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/17/13.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>				

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K010018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 49 doors protecting corridor openings to resident sleeping rooms was smoke resistive. This deficient practice could affect 42 residents, staff and visitors if the exit corridor was compromised by this door.</p> <p>Findings include:</p> <p>Based on observation with the Lead Maintenance Technician during a tour of the facility from 12:40 p.m. to 3:25 p.m. on 04/11/13, the gap between the face of the corridor door to resident sleeping room 16 and the door stop measured 7/10th of an inch when closed and latched. Based on interview at the time of observation, the Lead Maintenance</p>	K010018	<p>It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines.</p> <p>A. The building was found to have a gap between the face of the corridor door to resident sleeping room 16 and the door stop was greater than one half inch when closed and latched. This deficient practice could affect 42 residents, staff and visitors if the exit corridor was compromised by this door. The door in question is ordered and is set to be replaced.</p> <p>B. The facility failed to ensure 3 of over 75 corridor doors to rooms would close and automatically latch into the door frame. This deficient practice could affect 2 residents, staff and visitors.</p> <p>All three dead bolts were replaced</p>	04/26/2013			

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	<p>Technician acknowledged the gap between the face of the corridor door to resident sleeping room 16 and the door stop was greater than one half inch when closed and latched.</p> <p>3-1.19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 3 of over 75 corridor doors to rooms would close and automatically latch into the door frame. This deficient practice could affect 2 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Lead Maintenance Technician during a tour of the facility from 12:40 p.m. to 3:25 p.m. on 04/11/13, the following was noted:</p> <p>a. the corridor door to the equipment room for housekeeping by Room 16 has a deadbolt lock on the door and required a key to unlock the door.</p> <p>b. the corridor door to the restroom by Room 16 has a deadbolt lock on the door and required a key to unlock the door.</p> <p>c. the corridor door set to the Conference Room by the Main Lobby failed to latch into the door frame.</p> <p>Based on interview at the time of the observations, the Lead Maintenance Technician acknowledged the</p>		by automatically locking door handles.				

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	<p>aforementioned corridor doors were not provided with a positive latching device and the set of doors to the Conference Room failed to latch into the door frame.</p> <p>3-1.19(b)</p>			

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K010021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 doors serving the kitchen, a hazardous area, was held open only by a device arranged to automatically close the door upon activation of the fire alarm system. This deficient practice could affect 45 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Lead Maintenance Technician during a tour of the facility from 12:40 p.m. to 3:25 p.m. on 04/11/13, the kitchen exit door to the Main Dining room was held open by a door stop which would not allow the door to close automatically upon activation of the fire alarm system. Based on interview at the time of observation, the Lead</p>	K010021	<p>It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines.</p> <p>Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close.</p> <p>The building failed to ensure 1 of 3 doors serving the kitchen, a hazardous area, was held open only by a device arranged to automatically close the door upon activation of the fire alarm system. This deficient practice could affect 45 residents, staff and visitors.</p> <p>The door jam was removed immediately.</p> <p>To ensure this deficient practice</p>	04/26/2013			

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	Maintenance Technician stated the kitchen door to the Main Dining room is not held open by a device arranged to automatically close the door upon activation of the fire alarm system and acknowledged a door stop was used to hold open one kitchen door to the Main Dining room. 3.1-19(b)		does not reoccur, a Life safety QA tool to monitor for compliance (Attachment A) will be completed weekly for 4 weeks, then monthly for 4 months, then quarterly thereafter. Any issues will be corrected immediately, recorded on a facility QA Tracking Log and reviewed in the facility QA Meeting monthly with any new recommendations implemented.		

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K010025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure openings through 1 of 8 smoke barrier walls were protected to maintain the smoke resistance of the smoke barrier. This deficient practice could affect 50 residents, staff or visitors in Harrison Hall, the Atrium Hallway and Carrie Hall.</p> <p>Findings include:</p> <p>Based on observation with the Lead Maintenance Technician during a tour of the facility from 12:40 p.m. to 3:25 p.m. on 04/11/13, a four inch in diameter opening in the smoke barrier wall above the cross corridor doors by Room 7 through which three electrical cables passed was not smoke resistant. Based on interview at the time of observation, the Lead Maintenance Technician acknowledged the aforementioned opening in the smoke barrier wall above</p>	K010025	It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines. Smoke barriers are constructed to provide at least a one half hour fire resistance rating. The facility failed to ensure openings through 1 of 8 smoke barrier walls were protected to maintain the smoke resistance of the smoke barrier. This deficient practice could affect 50 residents, staff or visitors in Harrison Hall, the Atrium Hallway and Carrie Hall. A four inch in diameter opening in the smoke barrier wall above the cross corridor doors by Room 7 through which three electrical cables passed was not smoke resistant. The smoke barrier has since been corrected and meets code.	04/26/2013			

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	the cross corridor doors by Room 7 failed to maintain the smoke resistance of the smoke barrier. 3.1-19(b)				

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K010045 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>Based on observation and interview, the facility failed to ensure lighting for 1 of 10 exit means of egress was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect 42 residents, staff and visitors if needing to exit the facility from the east exit by the Assisted Living Wing.</p> <p>Findings include:</p> <p>Based on observation with the Lead Maintenance Technician during a tour of the facility from 12:40 p.m. to 3:25 p.m. on 04/11/13, the exit means of egress from the east exit by the Assisted Living Wing is equipped with one light fixture with one bulb. Based on interview at the time of observation, the Lead Maintenance Technician acknowledged only one light fixture with one bulb was provided at the east exit by the Assisted Living Wing</p> <p>3.1-19(b)</p>	K010045	<p>It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines.</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness.</p> <p>The facility failed to ensure lighting for 1 of 10 exit means of egress was arranged so the failure of any single lighting fixture (bulb) would not leave the area in darkness. This deficient practice could affect 42 residents, staff and visitors if needing to exit the facility from the east exit by the Assisted Living Wing. Light fixture has since been replaced and all exit corridors lights are up to code.</p>	04/26/2013

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K010050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to activate the fire alarm system for fire drills conducted between 6:00 a.m. and 9:00 p.m. on the first shift for 2 of 4 quarters. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Direct Supply Tels "Logbook Documentation - Fire Drill" documentation with the Lead Maintenance Technician during record review from 9:20 a.m. to 11:40 a.m. on 04/11/13, documentation for first shift fire</p>	K010050	<p>It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines.</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The facility failed to activate the fire alarm system for fire drills conducted between 6:00 a.m. and 9:00 p.m. on the first shift for 2 of 4 quarters. LSC 19.7.1.2 states fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. This deficient practice affects all residents, staff and visitors. Maintenance staff in-serviced on 4/17/13 regarding LSC 19.7.1.2 stating fire drills in health care occupancies shall include the</p>	04/26/2013			

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	<p>drills conducted on 07/30/12 at 9:30 a.m. and on 10/31/12 at 1:00 p.m. stated "Yes" to "Was this a silent drill?" and "No" to "Did the alarm company receive the alarm?" Based on interview at the time of record review, the Lead Maintenance Technician acknowledged documentation of the aforementioned first shift fire drills did not include activation of the fire alarm system and transmission of the fire alarm signal.</p> <p>3.1-19(b)</p>		<p>transmission of the fire alarm signal and simulation of emergency fire conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.</p>		

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K010056 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide sprinkler coverage for 1 of 2 combustible exterior canopies wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect 8 residents, staff and visitors if needing to exit the building from the north exit by Room 11.</p> <p>Findings include:</p> <p>Based on observation with the Lead Maintenance Technician during a tour of the facility from 12:40 p.m. to 3:25 p.m. on 04/11/13, the exterior canopy at the north exit by Room 11 extended seven feet from the building and was of concrete</p>	K010056	<p>It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines.</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the</p> <p>The facility failed to provide sprinkler coverage for 1 of 2 combustible exterior canopies wider than 4 feet. NFPA 13, 1999 Edition, Section 5-13.8.1 requires sprinklers shall be installed under combustible exterior roofs or canopies exceeding 4 feet in width. This deficient practice could affect 8 residents, staff and visitors if needing to exit the building from the north exit by Room 11.</p> <p>Sprinkler system has been installed</p>	04/26/2013	

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	<p>construction but had combustible vinyl siding affixed to the underside of the exterior canopy and was not provided with automatic sprinklers. Based on interview at the time of observation, the Lead Maintenance Technician acknowledged the exterior canopy at the north exit by Room 11 extended more than four feet from the building, was of combustible construction and was not provided with automatic sprinklers.</p> <p>3.1-19(b) 3.1-19(ff)</p>		<p>in the combustible exterior canopy.</p>		

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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 259 W HARRISON ST MOORESVILLE, IN 46158
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K010144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on record review and interview, the facility failed to ensure a monthly load test for the emergency generator was conducted for 1 of 12 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>a. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. NFPA 99, 3-5.4.2 requires a written record of</p>	K010144	<p>It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines.</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. The buildings monthly load test did not indicate the emergency generator ran for a minimum of 30 minutes under operating temperature conditions, at not less than 30% of the EPS nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. This deficient practice could affect all residents, staff and visitors.</p> <p>Maintenance staff in-serviced 4/17/13 on duration of monthly load test running at least 30 minutes (Chapter 6-4.2 of NFPA 110) & maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p>	04/26/2013

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	<p>inspection, performance, exercising period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Direct Supply Tels "Logbook Documentation - Emergency Generator: Monthly Load Test" documentation with the Lead Maintenance Technician during record review from 9:20 a.m. to 11:40 a.m. on 04/11/13, documentation for the 10/29/12 monthly load test for the emergency generator stated "25 minutes" as the "Run Time" for the test. In addition, the aforementioned monthly load test documentation did not indicate if the generator ran under operating temperature conditions, at not less than 30% of the EPS nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Based on interview at the time of record review, the Lead Maintenance Technician acknowledged documentation for the 10/29/12 monthly load test did not indicate the emergency generator ran for a minimum of 30 minutes under operating temperature conditions, at not less than 30% of the</p>				

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	<p>EPS nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>3.1-19(b)</p>			

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K010147 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 42 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observation with the Lead Maintenance Technician during a tour of the facility from 12:40 p.m. to 3:25 p.m. on 04/11/13, a refrigerator was observed plugged into a power strip in resident sleeping Room 16. Based on interview at the time of observation, the Lead Maintenance Technician acknowledged a refrigerator was plugged into a power strip in resident sleeping Room 16.</p> <p>3.1-19(b)</p>	K010147	<p>It is the policy of Miller's Merry Manor to maintain and keep environment up to life safety guidelines. Electrical wiring and equipment is in accordance with NFPA 70. The facility failed to ensure 1 of 1 extension cords including power strips were not used as a substitute for fixed wiring. NFPA 70, Article 400-8 requires, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect 42 residents, staff and visitors. Power strip deficiency was addressed and corrected immediately. To ensure this deficient practice does not reoccur, a Life safety QA tool to monitor for compliance (Attachment A) will be completed weekly for 4 weeks, then monthly for 4 months, then quarterly thereafter. Any issues will be corrected immediately, recorded on a facility QA Tracking Log and reviewed in the facility QA Meeting monthly with any new recommendations implemented.</p>	04/26/2013			